

<b>FORM 1</b>	<b>ENVIRONMENTAL PROTECTION AGENCY</b> <b>GENERAL INFORMATION</b> <i>Consolidated Permits Program</i> <i>(Read the "General Instructions" before starting.)</i>	<b>I. EPA I.D. NUMBER</b> <b>KSD007246846</b>
<b>II. POLLUTANT CHARACTERISTICS</b>		<b>GENERAL INSTRUCTIONS</b>
<b>I. EPA I.D. NUMBER</b>	KSD000000810	If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.
<b>III. FACILITY NAME</b>	REID SUPPLY CO	
<b>V. FACILITY MAILING ADDRESS</b>	911 E INDIANAPOLIS WICHITA KS 67211	
<b>VI. FACILITY LOCATION</b>		

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)				D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X			F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)			X	J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)			X

**III. NAME OF FACILITY**

1 SKIP

**IV. FACILITY CONTACT**

<b>A. NAME &amp; TITLE (last, first, &amp; title)</b>	<b>B. PHONE (area code &amp; no.)</b>
2 Stamm, Gene General Manager	316 267 1231

**V. FACILITY MAILING ADDRESS**

<b>A. STREET OR P.O. BOX</b>	<b>B. CITY OR TOWN</b>	<b>C. STATE</b>	<b>D. ZIP CODE</b>
3 911 East Indianapolis	Wichita	KS	67211

**VI. FACILITY LOCATION**

<b>A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER</b>	<b>B. COUNTY NAME</b>	<b>C. CITY OR TOWN</b>	<b>D. STATE</b>	<b>E. ZIP CODE</b>	<b>F. COUNTY CODE (if known)</b>
5 25th and New York	Sedgwick	Wichita	KS	67211	SG

NOV 17 1980

VII. SIC CODES (4-digit, in order of priority)

A. FIRST				B. SECOND			
C	7	F001	(specify) HALOGENATED SOLVENTS TRICHLOROETHYLENE, ETC.	C	7	F002	(specify) HALOGENATED SOLVENTS METHYLENE CHLORIDE, ETC.
15	16	17	18	15	16	17	18
C. THIRD				D. FOURTH			
C	7	F005	(specify) NON-HALOGENATED SOLVENTS METHANOL, TOLUENE, MEK	C	7	F003	(specify) NON-HALOGENATED SOLVENTS XYLENE, ACETONE, STILL BOTTOMS.
15	16	17	18	15	16	17	18

VIII. OPERATOR INFORMATION

A. NAME															B. Is the name listed in Item VIII-A also the owner?	
C	8 Reid Supply Company, Inc.														<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 66	
15	16														55	66

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)										D. PHONE (area code & no.)				
F = FEDERAL		M = PUBLIC (other than federal or state)		P (specify)						C	316	267	1231	
S = STATE		O = OTHER (specify)								A	15	16	17	18
P = PRIVATE														

E. STREET OR P.O. BOX															
911 East Indianapolis															
25															55

F. CITY OR TOWN										G. STATE		H. ZIP CODE		IX. INDIAN LAND		
C	B Wichita										KS		67211		Is the facility located on Indian lands?	
15	16									40	41	42	47	51	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 52	

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)						D. PSD (Air Emissions from Proposed Sources)					
C	T	I				C	T	I			
9	N					9	P				
15	16	17	18	30	15	16	17	18	30		
B. UIC (Underground Injection of Fluids)						E. OTHER (specify)					
C	T	I				C	T	I	(specify)		
9	U					9					
15	16	17	18	30	15	16	17	18	30		
C. RCRA (Hazardous Wastes)						E. OTHER (specify)					
C	T	I				C	T	I	(specify)		
9	R					9					
15	16	17	18	30	15	16	17	18	30		

**XI. MAP**  
 Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

Recycling painting materials and solvent cleaning materials.



R00001483  
RCRA Records Center

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)		B. SIGNATURE		C. DATE SIGNED	
Gene E. Stamm, General Manager				11/13/80	

COMMENTS FOR OFFICIAL USE ONLY

C															
15	16														55



**III. PROCESSES (continued)**

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T0") FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

1. New 500 gallon/day still being purchased.
2. At the present time additional solvent wastes are being taken to Ameron for distillation.

**IV. DESCRIPTION OF HAZARDOUS WASTES**

A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	P	KILOGRAMS	K
TONS	T	METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

**D. PROCESSES**

1. PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARDOUS WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
	205						1. PROCESS CODES (enter)	
X-1	K	0	5	4	900	P	T 0 3 D 8 0	← 200 GAL-TANK
X-2	D	0	0	2	400	P	T 0 3 D 8 0	← CORROSIVE ONLY
X-3	D	0	0	1	100	P	T 0 3 D 8 0	← CORROSIVE AND IGNITABLE
X-4	D	0	0	2				← included with above 202

EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY					
WKSD 007246846													W DUP					
13 14 15 1													13 14 15 23 26					

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES									
				1. PROCESS CODES (enter)				2. PROCESS DESCRIPTION (if a code is not entered in D(1))					
23	26	27	35	36	27-29	27-29	27-29	27-29	27-29				
1	F 0 0 1	21,400 LBS GALLON	P	T 0 4 S 0 1	Distillation-Sludge to KIES								
2	F 0 0 2	"	P	T 0 4 S 0 1	7/23/81				" " " "				
3	F 0 0 3	"	P	T 0 4 S 0 1	SCRAP 8/31/81				" " " "				
4	F 0 0 5	"	P	T 0 4 S 0 1 S 0 2	8/31/81				" " " "				
5													
6													
7													
8													
9													
10													
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15													
16													
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21													
22													
23													
24													
25													
26													

(enter "A", "B", "C", etc. behind the "3" to identify photocopied pages)

**IV. DESCRIPTION OF HAZARDOUS WASTE (continued)**

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1), ON PAGE 3.

241110

EPA I.D. NO. (enter from page 1)

S	F	K	S	D	0	0	7	2	4	6	8	4	6	T/A	C
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

**V. FACILITY DRAWING**

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

**VI. PHOTOGRAPHS**

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

**VII. FACILITY GEOGRAPHIC LOCATION**

LATITUDE (degrees, minutes, & seconds)

LONGITUDE (degrees, minutes, & seconds)

37 41 5 N

97 20 2 W

**VIII. FACILITY OWNER**

A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

**E** Reid Supply Company, Inc.

316 - 267 - 1231

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

**F** 911 East Indianapolis

**G** Wichita

**KS**

67211

**IX. OWNER CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

Walter S. Trombold, Pres.

*Walter S. Trombold*

11/13/80

**X. OPERATOR CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

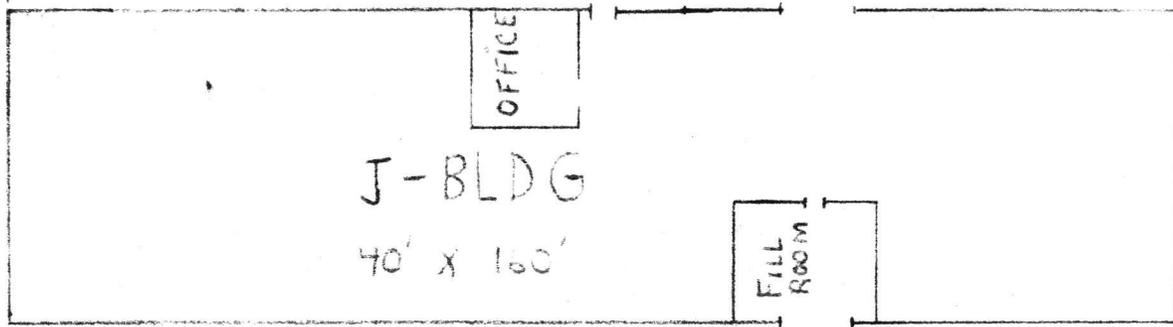
B. SIGNATURE

C. DATE SIGNED

Walter S. Trombold, Pres.

*Walter S. Trombold*

11/13/80

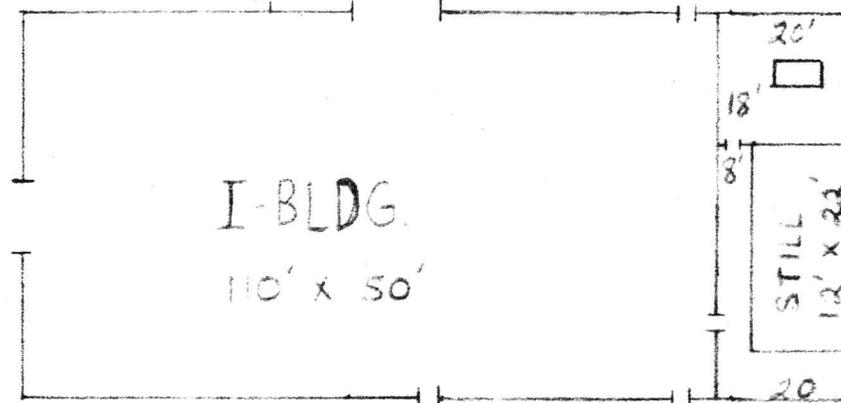
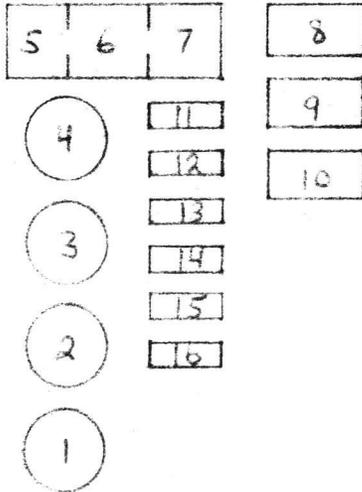


PARKING

R.R. TRACKS

FENCE

BULK STORAGE



A

B

C

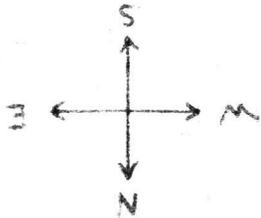
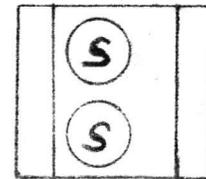
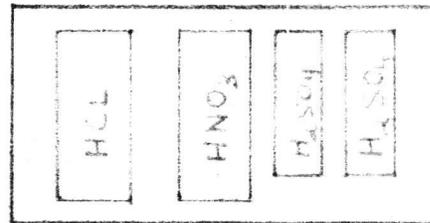
D

OP

E

F

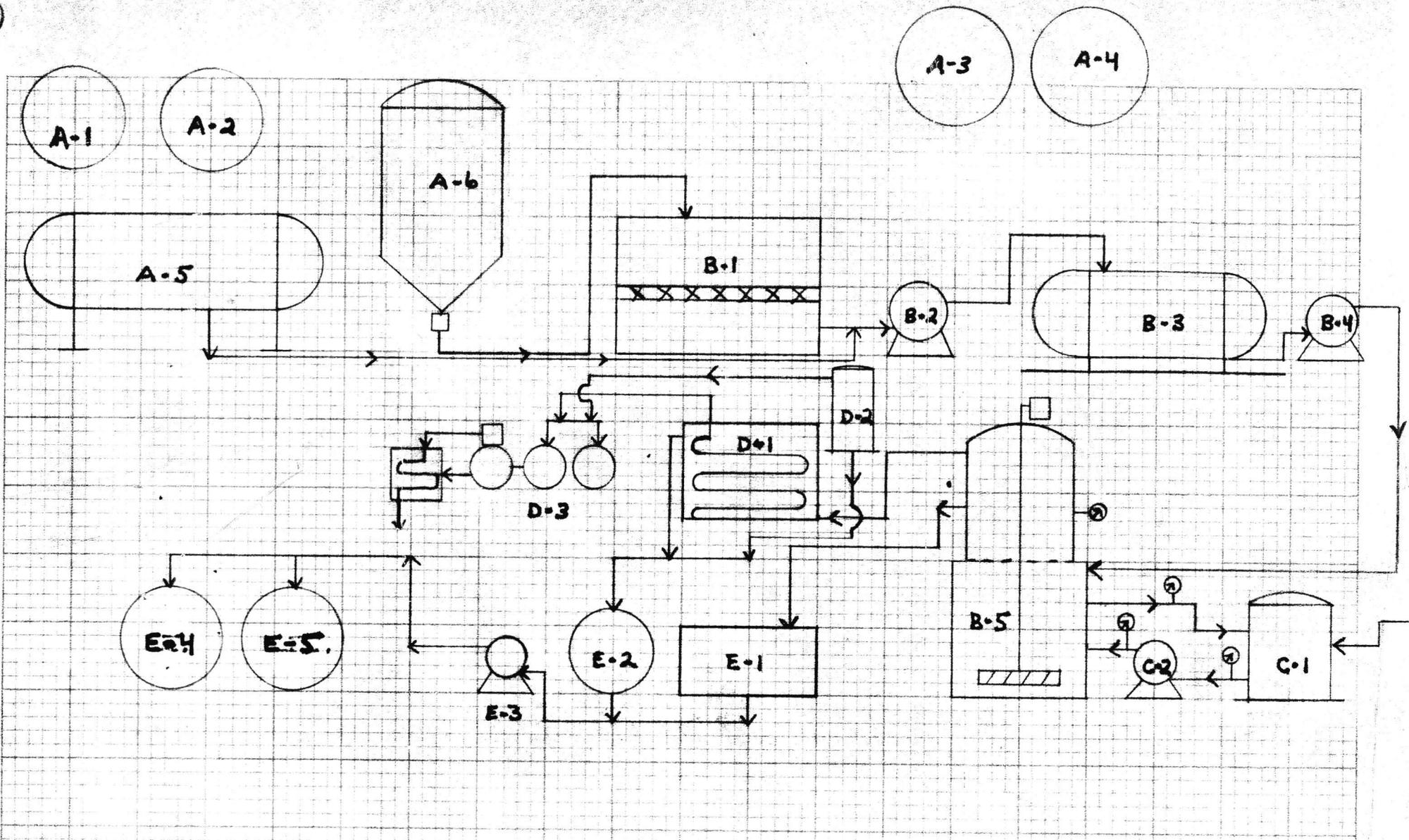
S S



REID SUPPLY NORTH PLANT

11-26-80  
RAP.

3



COMPLETE LAYOUT OF SOLVENT RECOVERY  
DISTILLATION UNIT AT NORTH PLANT :

REID SUPPLY  
11-3-80  
R.A.P.

EQUIPMENT AND STORAGE TANKS  
IDENTIFICATION AT NORTH PLANT :

<u>TANK No.</u>	<u>MATERIAL</u>	<u>CAPACITY</u>
1	ACETONE	5000 GAL.
2	X Y L O L	5000
3	T O L U O L	5000
4	I S O P R O P Y L	5000
5	ACETONE	5000
6	M E K	5000
7	M E T H A N O L	5000
8	D E N A T U R E D A L C O H O L	3000
9	M I N E R A L S P I R I T S	3000
10	B U T Y L C E L L O S O L V E	3000
11	EMPTY	500
12	"	500
13	"	500
14	"	500
15	"	500
16	"	500

DISTILLATION AREA :

A	DISTILLATION FEED TANK	110 GAL
B	REFINED ENAMEL	500
C	REFINED LACQUER	500
D	CRUDE FEED STOCK	500
P	TRANSFER PUMP	...
E	FILTERING TANK	110
F	SETTLING TANK	500
S	CRUDE FEED STOCK	500

EQUIPMENT AND STORAGE TANKS  
IDENTIFICATION AT NORTH PLANT:

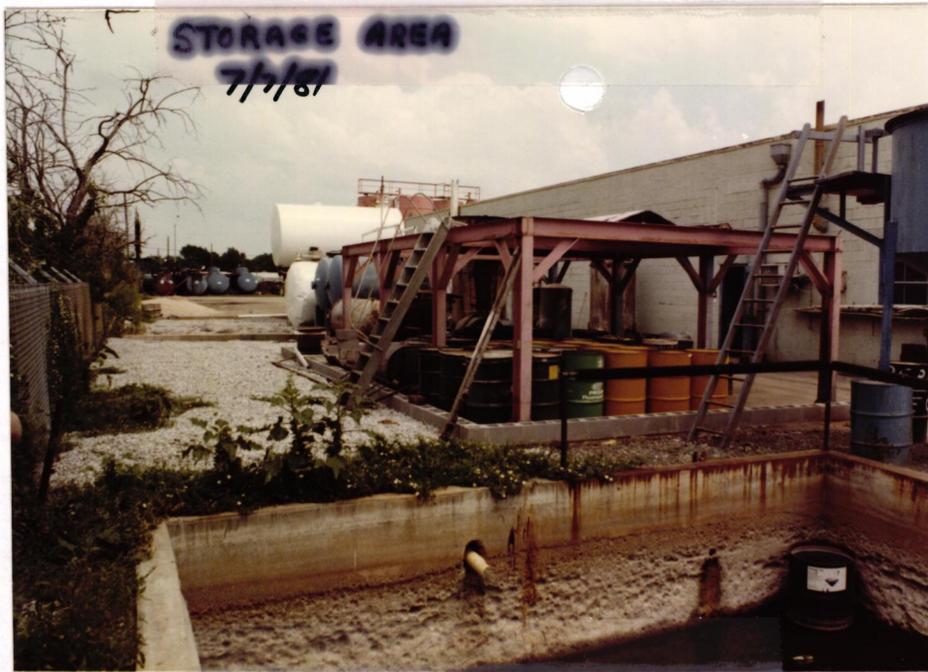
TANK No.	MATERIAL	CAPACITY
1	ACETONE	2000 GAL.
2	X Y L O L	2000
3	TOLUOL	2000
4	ISOPROPYL	2000
5	ACETONE	2000
6	MEK	2000
7	METHANOL	2000
8	DEWATERED ALCOHOL	3000
9	MINERAL SPIRITS	3000
10	BUTYL CELLULOSE	3000
11	Empty	200
12	"	200
13	"	200
14	"	200
15	"	200
16	"	200

DISTILLATION AREA:

A	DISTILLATION FEED TANK	170 GAL
B	REFINED ENAMEL	200
C	REFINED LACQUER	200
D	CRUDE FEED STOCK	200
P	TRANSFER PUMP	...
E	FILTERING TANK	110
F	SETTLING TANK	200
S	CRUDE FEED STOCK	200

V. FACILITY DRAWING (see page 4)

Please See Attached





## The Reid Supply Company

911 E. INDIANAPOLIS - WICHITA, KANSAS 67211



United States Environmental Protection Agency  
~~Office of Water and Hazardous Waste~~  
~~Washington, D.C. 20460~~

PO Box 15606

KC, Mo 64106

EQUAL OPPORTUNITY EMPLOYER